

FAX TRANSMISSION

DATE: November 5, 2008

PTO IDENTIFIER: Application Number 09/938,533-Confirmation No.:2799
Patent Number 7,226,406

Inventor: Muller *et al.*

MESSAGE TO: US Patent and Trademark Office - Office of Petitions

FAX NUMBER: (571) 273-0025

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

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PAGES (Including Cover Sheet): 3

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- Request Under 37 CFR 1.28(c) (1 page)
- Certificate of Fax Transmission (1 page)

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Application No. (if known): 08/938,533

Attorney Docket No.: 22409-00382-US

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- Request Under 37 CFR 1.28(c) (1 page)

#74625

CORRECTION TO SMALL ENTITY STATUS AND DEFICIENCY PAYMENT (37 CFR § 1.28(c))

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 22409-00382-US
First Inventor Name MULLER, Gerd M.
Patent Number 7,226,406
Issued Date June 5, 2007
Application Number 09/938,533
Filed Date August 27, 2001

Title AT LEAST PARTIALLY IMPLANTABLE HEARING
SYSTEM

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REQUEST FOR CORRECTION TO SMALL ENTITY STATUS

Small entity status was established in good faith in the above-identified application or patent, and fees as a small entity were paid in good faith, and it was later discovered that such status as a small entity was established in error, or that through error the Office was not notified of a loss of entitlement to small entity status as required by § 1.27(g)(2), the undersigned requests that the error be excused by correcting the small entity status from small entity to large entity and submits the following deficiency payment.

CALCULATION OF DEFICIENCY PAYMENT

	Type of fee erroneously paid as a small entity	Amount Paid	Date of Payment	Current Large Entity Fee	Deficiency Amount Owed
1.	Utility Filing Fee	\$ 355.00	August 27, 2001	\$ 850.00	\$ 495.00
2.	Extra Claim Fees	\$9 per claim 1 extra claim	August 27, 2001	\$52 per claim 1 extra claim	\$43 per claim x 1 claim=\$43
3.					
4.					
5.					
Total					\$538.00

METHOD OF PAYMENT

Enclosed herein is payment of the deficiency payment shown above for the above-identified application or patent.

- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication, any deficiency in payment of the required fees, including fees under 37 C.F.R. §§ 1.16, 1.17, and 1.20 or credit any overpayment to Deposit Account No. 22-0185.

☐ Other _____

SIGNATURE/CORRESPONDENCE

I am the:

- ☒ Registered attorney/agent of record ☐ New Power of Attorney Attached
☐ Registered attorney/agent not of record acting as a representative
☐ An assignee as provided for under § 3.71(b)
☐ All applications/inventors

Name	Michael G. Verga	Registration No. (Attorney/Agent)	39,410		
Signature	/Michael G. Verga/	Date	November 5, 2008		
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Dated: November 5, 2008
Electronic Signature for Michael G. Verga: /Michael G. Verga/